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CONFIRMATION NO. 3421

<b>SERIAL NUMBER</b> 10/690,257	<b>FILING OR 371(c) DATE</b> 10/21/2003 <b>RULE</b>	<b>CLASS</b> 706	<b>GROUP ART UNIT</b> 2129	<b>ATTORNEY DOCKET NO.</b> 92717-345USP1	
<b>APPLICANTS</b> Oscar A. Chappel, Odessa, FL;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/336,104 01/03/2003 and is a CIP of 09/859,320 05/16/2001					
<b>** FOREIGN APPLICATIONS *****</b> NONE - PA					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/20/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Stanley R. Moore, Esq. Jenkins & Gilchrist, P.C. Suite 3200 1445 Ross Avenue Dallas, TX 75202-2799					
<b>TITLE</b> Method of and system for rules-based population of a knowledge base used for medical claims processing					
<b>FILING FEE RECEIVED</b> 1132	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		